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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

(For use with Form PTO/SB/06)

Application Number

Filing Date

NOT YET ASSIGNED

08-16-01

Applicant(s)

Stefan BOUSSIOUT

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	I						51					
2	I						52					
3	(I)						53					
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Total Indep	I						Total Indep					
Total Depend	9	←	←	←			Total Depend	←	←	←		
Total Claims	10						Total Claims					

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